

Schedule of Fees for Covered Services 2006

CPT Code	Description	Non-Facility Fee	Facility Fee
00400	Anesthesia (per unit) (Unit=\$100)+B64	\$18.52	\$18.52
10021	FNA – no image guidance	\$134.87	\$72.88
10022	FNA – using image guidance	\$149.37	\$67.88
19000	Incision – aspiration of cyst in breast	\$110.95	\$46.68
19001	Incision – aspiration of additional cyst in breast	\$26.98	\$22.77
19100	Needle breast biopsy	\$133.40	\$69.52
19101	Incisional breast biopsy	\$306.15	\$207.06
19102	Needle biopsy using image guidance	\$228.80	\$107.15
19103	Automated vacuum assisted breast biopsy	\$592.68	\$199.00
19120	Excision of cyst, fibroadenoma or tumor – REVIEW REQUIRED	\$408.26	\$351.65
19125	Excision of breast lesion with radiological marker	\$438.63	\$381.24
19126	Excisional biopsy of additional breast lesion – using radiological marker	\$161.78	\$161.78
19290	Preoperative placement of needle localization wire (breast) – TC	\$161.03	\$67.68
19291	Preoperative placement of needle localization wire (breast) – each additional lesion	\$72.00	\$33.75
19295	Image-guided placement of localization clip	\$103.50	\$103.50
36415	Venipuncture for blood test	\$3.00	\$3.00
57452	Colposcopy of cervix	\$111.92	\$92.02
57454	Colposcopy with biopsy of cervix and endocervical curettage	\$160.52	\$141.77
57455	Colposcopy with biopsy of cervix	\$149.34	\$116.81
57456	Colposcopy with endocervical curettage	\$140.71	\$108.95
57460*	Endoscopy with loop electrode biopsy(s) of the cervix– REVIEW REQUIRED	\$342.95	\$171.56
57461*	Endoscopy with loop electrode conization of the cervix– REVIEW REQUIRED	\$378.04	\$200.13
57500	Biopsy of cervix	\$138.33	\$64.88
57505	Endocervical curettage	\$103.75	\$89.99
57520*	Conization of the cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser – REVIEW REQUIRED	\$319.98	\$279.42
57522*	Loop electrode excision procedure – REVIEW REQUIRED [diagnostic procedure only]	\$261.64	\$273.84
58100	Endometrial sampling (biopsy) – REVIEW REQUIRED	\$114.62	\$91.67
71020	Chest x-ray – REVIEW REQUIRED	\$36.11	\$36.11
71020 26	Chest x-ray – PC – REVIEW REQUIRED	\$11.58	\$11.58
76090	Unilateral diagnostic mammogram	\$78.46	\$78.46
76090 26	Unilateral diagnostic mammogram – PC	\$37.08	\$37.08
76090 TC	Unilateral diagnostic mammogram	\$41.40	\$41.40
76091	Bilateral diagnostic mammogram	\$97.45	\$97.45
76091 26	Bilateral diagnostic mammogram – PC	\$45.91	\$45.91
76091 TC	Bilateral diagnostic mammogram	\$51.54	\$51.54
76092	Bilateral screening mammogram	\$85.55	\$85.55
76092 26	Bilateral screening mammogram – PC	\$37.08	\$37.08
76092 TC	Bilateral screening mammogram	\$48.48	\$48.48
76095	Stereotactic localization guidance for breast biopsy	\$366.77	\$366.77
76095 26	Stereotactic localization guidance for breast biopsy – PC	\$84.57	\$84.57
76095 TC	Stereotactic localization guidance for breast biopsy	\$282.21	\$282.21
76096	Mammographic guidance for needle placement, biopsy of breast	\$80.96	\$80.96
76096 26	Mammographic guidance for needle placement, biopsy of breast – PC	\$29.42	\$29.42
76096 TC	Mammographic guidance for needle placement, biopsy of breast	\$51.54	\$51.54
76098	Radiological examination of surgical specimen – REVIEW REQUIRED	\$24.92	\$24.92
76098 26	Radiological examination of surgical specimen – PC – REVIEW REQUIRED	\$8.44	\$8.44
76098 TC	Radiological examination of surgical specimen – REVIEW REQUIRED	\$16.48	\$16.48
76645	Ultrasound of breast	\$70.04	\$70.04
76645 26	Ultrasound of breast – PC	\$28.64	\$28.64
76645 TC	Ultrasound of breast	\$41.40	\$41.40
76942	Ultrasonic guidance for needle placement, biopsy of breast	\$145.42	\$145.42
76942 26	Ultrasonic guidance for needle placement, biopsy of breast – PC	\$35.51	\$35.51
76942 TC	Ultrasonic guidance for needle placement, biopsy of breast	\$109.92	\$109.92
76970	Breast Ultrasound – follow-up study	\$62.58	\$62.58
76970 26	Breast Ultrasound – follow-up study – PC	\$21.19	\$21.19
76970 TC	Breast Ultrasound follow-up study	\$41.40	\$41.40
80048	Basic metabolic profile	\$11.83	\$11.83
80053	Comprehensive metabolic panel	\$14.77	\$14.77

80061	Lipid panel	\$15.34	\$15.34
82465	Blood cholesterol, total	\$6.08	\$6.08
82947	Blood glucose, quantitative	\$5.48	\$5.48
82948	Blood glucose, reagent strip	\$3.57	\$3.57
82951	Glucose tolerance test, three specimens	\$17.99	\$17.99
83036	Hemoglobin assay	\$13.56	\$13.56
83718	Blood high-density lipoprotein (HDL) cholesterol	\$8.06	\$8.06
87621	Human papillomavirus (HPV) amplified probe	\$36.39	\$36.39
88104	Cytopathology of fluids (non cervical)	\$55.46	\$55.46
88104 26	Cytopathology of fluids (non cervical) – PC	\$31.73	\$31.73
88104 TC	Cytopathology of fluids (non cervical)	\$23.74	\$23.74
88141	Cytopathology, cervical, requiring interpretation by physician	\$22.75	\$22.75
88142	Cytopathology, cervical, liquid-based thin-prep	\$14.76	\$14.76
88150	Cytopathology, cervical or vaginal, manual screening of slides – REVIEW REQUIRED	\$14.76	\$14.76
88160	Cytopathology, non-cervical, manual screening and interpretation of slides.	\$52.34	\$52.34
88160 26	Cytopathology, non-cervical, manual screening and interpretation of slides – PC	\$28.20	\$28.20
88160 TC	Cytopathology, non-cervical, manual screening and interpretation of slides	\$24.13	\$24.13
88161	Cytopathology, non-cervical, preparation, screening and interpretation	\$56.53	\$56.53
88161 26	Cytopathology, non-cervical, preparation, screening and interpretation – PC	\$28.20	\$28.20
88161 TC	Cytopathology, non-cervical, preparation, screening and interpretation	\$28.34	\$28.34
88162	Cytopathology, extended study involving over 5 slides	\$70.07	\$70.07
88162 26	Cytopathology, extended study involving over 5 slides – PC	\$43.27	\$43.27
88162 TC	Cytopathology, extended study involving over 5 slides	\$26.81	\$26.81
88164	Cytopathology, Pap smear, screening and interpretation	\$14.76	\$14.76
88172	Cytopathology – FNA evaluation and determination of adequacy	\$52.45	\$52.45
88172 26	Cytopathology – FNA evaluation and determination of adequacy – PC	\$34.06	\$34.06
88172 TC	Cytopathology – FNA evaluation and determination of adequacy	\$18.39	\$18.39
88173	Cytopathology – FNA interpretation and report	\$138.23	\$138.23
88173 26	Cytopathology – FNA interpretation and report – PC	\$78.53	\$78.53
88173 TC	Cytopathology – FNA interpretation and report	\$59.71	\$59.71
88175	Cytopathology, cervical or vaginal, automated screening of slides – REVIEW REQUIRED	\$37.01	\$37.01
88305	Surgical pathology, Level IV – REVIEW REQUIRED	\$104.13	\$104.13
88305 26	Surgical pathology, Level IV – PC – REVIEW REQUIRED	\$42.88	\$42.88
88305 TC	Surgical pathology, Level IV – REVIEW REQUIRED	\$61.26	\$64.77
88307	Surgical pathology, Level V – REVIEW REQUIRED	\$186.17	\$186.17
88307 26	Surgical pathology, Level V – REVIEW REQUIRED	\$90.08	\$90.08
88307 TC	Surgical pathology, Level V – REVIEW REQUIRED	\$96.09	\$96.09
88321	Surgical pathology, consultation on slides prepared elsewhere – REVIEW REQUIRED	\$82.63	\$73.82
88331	Surgical pathology, consultation during surgery – REVIEW REQUIRED	\$90.75	\$90.75
88331 26	Surgical pathology, consultation during surgery – PC – REVIEW REQUIRED	\$67.36	\$67.36
88331 TC	Surgical pathology, consultation during surgery – REVIEW REQUIRED	\$23.39	\$23.39
88332*	Each additional tissue block with frozen sections(s)	\$41.73	\$41.73
88332 26*	Each additional tissue block with frozen sections(s)	\$33.29	\$33.29
88332 TC*	Each additional tissue block with frozen sections(s)	\$8.44	\$8.44
93000	Electrocardiogram (ECG) – REVIEW REQUIRED	\$26.84	\$26.84
99070*	Supplies and materials – Reimbursed at manual price – REVIEW REQUIRED		
99201	Office visit – new patient (10 minutes)	\$37.15	\$24.14
99202	Office visit – new patient (20 minutes)	\$66.02	\$47.66
99203	Office visit – new patient (30 minutes)	\$98.01	\$73.15
99204	Office visit – new patient (45 minutes) – REVIEW REQUIRED	\$138.86	\$108.65
99205	Office visit – new patient (60 minutes) – REVIEW REQUIRED	\$176.67	\$144.92
99211	Office visit – established patient (5 minutes)	\$21.84	\$9.22
99212	Office visit – established patient (10 minutes)	\$39.05	\$24.52
99213	Office visit – established patient (15 minutes)	\$53.49	\$36.27
99214	Office visit – established patient (25 minutes)	\$83.89	\$60.18
99215	Office visit – established patient (40 minutes)	\$122.08	\$96.45
99241	Office consultation – new or established patient (15 minutes)	\$50.81	\$34.73
99242	Office consultation – new or established patient (30 minutes)	\$92.81	\$70.62
99243	Office consultation – new or established patient (40 minutes)	\$123.80	\$94.73
99244	Office consultation – new or established patient (60 minutes) – REVIEW REQUIRED	\$175.24	\$140.42
99245	Office consultation – new or established patient (80 minutes) – REVIEW REQUIRED	\$226.67	\$186.88
99385	Initial comprehensive preventive medicine visit – new patient (18-39 years)	\$138.86	\$108.65
99386	Initial comprehensive preventative medicine visit – new patient (40-64 years)	\$138.86	\$108.65
99387**	Initial comprehensive preventive medicine visit – new patient (65+ years)	\$138.86	\$108.65
99395	Periodic comprehensive preventive medicine visit – established patient (18-39 years)	\$122.08	\$96.45
99396	Periodic comprehensive preventive medicine visit – established patient (40-64 years)	\$122.08	\$96.45
99397**	Periodic comprehensive preventive medicine visit – established patient (65+ years)	\$122.08	\$96.45

* Effective on or after July 15, 2006 **Only for women 65+ without Medicare Part B

NOTE: EXTRA CHARGES are paid only per itemized review. Effective July 15, 2006: Ladies First is no longer able to cover CPT codes 83721 and 90780.